

**FEC FORM 2
STATEMENT OF CANDIDACY**

RECEIVED
FEDERAL ELECTION COMMISSION
MARCH 17 2008

1. (a) Name of Candidate (in full) DARLENE HOOLEY		2. Identification Number HSOR05068	
(b) Address (number and street) 5404 FAILING STREET		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
(c) City, State and ZIP Code WEST LINN OR 97068			
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate OR 05	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) HOOLEY FOR CONGRESS
(b) Address (number and street) PO BOX 2050
(c) City, State and ZIP Code SALEM OR 97308

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State and ZIP Code

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A 0.00 for the primary election, and
9B 0.00 for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate <i>Darlene Hooley</i>	Date 3/16/07
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

St/
 PREPARER

3/30/07
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